

Washington State Employment Opportunity



APPLICATION FOR EMPLOYMENT WITH THE STATE OF WASHINGTON

Thank you for considering a career
or promotional opportunity with the
State of Washington. Completing this
application is your first step toward joining
a dynamic workforce dedicated to public
service.

Prepared by:

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*We encourage you to read
through the packet before
preparing your application.
With a clear sense of the
questions that follow, you
will be able to present a
strong, accurate record of
your qualifications and skills.*

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Guidelines for Completing This Application

Please read these instructions carefully before preparing your application. You must submit a separate application for each recruitment announcement. A resume may be attached, but it will not take the place of this completed *Application for Employment with the State of Washington* (form SF573).

Note: As a convenience to applicants, duplicate copies may be submitted for other positions if the copies are legible and carry an *original signature* and *current date*.

■ General Information

First, get a copy of the recruitment announcement. It tells you important things about applying for the job, such as special conditions, qualifications, where jobs are available, and the test type. Next, read the recruitment announcement carefully to make sure you qualify. If you meet the requirements, fill out this application.

Please use a typewriter or print clearly in ink. Answer all questions and provide all information requested - your responses will affect acceptance of your application.

Emphasize positions that are directly related to the minimum qualifications noted in the recruitment announcement. You may wish to summarize other experience. Start with your present or last experience, and then work backward.

■ Submitting Your Application

Many state agencies recruit candidates through their agency personnel offices. To ensure that your application reaches the right office, follow the application process and mailing instructions provided in the recruitment announcement.

■ Closing Date

Your application must be received by 5:00 p.m. on the closing date shown on the recruitment announcement. All additional information requested in the announcement must be attached.

You can expect to be notified of your application results about three weeks after the closing date.

■ Guidelines

Most items on the application are self-explanatory. Items that do require more explanation, however, are covered below.

Application Type

Open Competitive: Applicant not working permanently for the state.

Promotion: Permanent or permanent project state employee.

Transfer: Permanent employee applying within an existing job class or a closely related job class at the same salary level.

Voluntary Demotion: Permanent employee applying for a job at a lower salary level.

Reduction-in-Force(RIF): Permanent state employee who has been laid off (use as instructed by Personnel Office).

Reversion: Permanent state employee returning to job held prior to promotion.

HEPB: (Higher Education Personnel Board). Permanent HEPB employee (Inter-System eligibility statement PEROP-048 must be attached to application).

Reemployment: Previous permanent state employee who separated from state employment within the past five years and now wishes to be re-employed in the same or similar job class.

Previous Score: If you have taken the same oral or written test within the past five years, you may choose to apply that test score to this application. Please check "Yes" if you wish that score reviewed for possible use.

Employment Preference: If you do not specify agency preferences, we will assume you will accept employment in any agency. Under "Shift" and "Schedule," if all boxes are left blank, we will assume only full-time, permanent employment will be accepted.

Misdemeanor or Felony: Conviction of a misdemeanor or felony does not necessarily bar you from employment. If you have been convicted within the last ten years, but the infraction is unrelated to the type of work you seek, you may check "No".

Geographic Choice: Please consider carefully where you are willing to work. If you refuse a job at a location where you said you would work, your name will likely be removed from that employment register. If you want to change your designation of employment location, please call (360) 664-1960.

■ Testing

If tests are required for a position, your test schedule notice will include information regarding when and where the test will be conducted.

Candidates who do not appear for the test, or who do not pass the test, will not be rescheduled.

■ Special Assistance

Washington State provides testing assistance to persons of disability whose condition would interfere with taking a test. For example, you may require a reader, sign language interpreter, more time, etc. If you require such assistance, please call (360) 664-1960 Voice, or (206) 753-4107 TDD.

■ Employment Registers

If your application is accepted and you pass a required test, your name will be placed on an employment register. Candidates who are not state employees will usually remain on the register for one year. At the end of a year, you may ask to remain on the register for one additional year.

■ Affirmative Action and Veteran's Preference

The state of Washington is an equal opportunity employer. Information about the state's Affirmative Action Program and Veteran's Preference appears on pages 5 and 6.

Application for Employment With the State of Washington

DOT EF (6/95)

Part 1. GENERAL INFORMATION

Please review all questions carefully before preparing your application.

| | | | | |
|--|--------|-------|-----|---|
| POSITION (Job title for which you are applying; list only one) | | | | RECRUITMENT ANNOUNCEMENT NUMBER |
| NAME (Last, First, and Middle Initial) | | | | SOCIAL SECURITY NO. (for identification only) |
| MAILING ADDRESS (Include apartment number, if any) | | | | HOME TELEPHONE |
| CITY | COUNTY | STATE | ZIP | WORK (or Message) TELEPHONE |

Application Type (check all boxes that apply to you):

Are you currently a permanent State of Washington employee?

☐ No, Open Competitive (A) ☐ Yes... If Yes, YOUR CURRENT AGENCY'S NAME: _____

If you are a permanent employee, check application type (see definitions in "Guidelines"):

☐ Promotion (B) ☐ Reemployment (D) ☐ Reduction-in-Force (F) ☐ HEPB Employee (H)
☐ Transfer (C) ☐ Voluntary Demotion (E) ☐ Reversion (G)

If you worked for the State of Washington within the last five (5) years as a classified permanent employee, please provide your former job classification:

Use of previous test score (see "Guidelines" for qualifications):

If eligible, would you like to use your old score?

☐ No ☐ Yes, Use previous score... If Yes, TYPE OF PREVIOUS TEST: ☐ MULTIPLE CHOICE ☐ ORAL

RECRUITMENT NUMBER, IF KNOWN: _____ ☐ EXPERIENCE AND TRAINING (E&T)

IF CHANGED, YOUR NAME AT PREVIOUS TESTING: _____

FOR OFFICE USE

| | |
|--------------|--------------|
| Accepted By | Code |
| Test Score | |
| Selective #1 | Selective #2 |
| Selective #3 | Selective #4 |

Employment and testing preferences:

Are you willing to travel as part of this job?

☐ Yes ☐ No

Check types of employment you will accept:

SHIFT

☐ Day ☐ Swing ☐ Graveyard ☐ Rotating

SCHEDULE

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Tandem
☐ Project ☐ Seasonal ☐ Intermittent

List agencies you prefer (check one):

☐ Will accept work in any agency
☐ Will only accept work in agencies listed below
☐ Any, except those agencies listed below

If available, would you prefer:

☐ Saturday Testing ☐ Evening Testing

Do you need testing assistance such as a sign language interpreter, reader, etc.? ☐ Yes ☐ No

Part 2. BACKGROUND INFORMATION

If a driver's license or other license, certificate, or registration is required for this position, please complete the following:

| License, Certificate, or Registration | License Number | Expiration Date |
|---------------------------------------|----------------|-----------------|
| Driver's License | | |
| Commercial (A, B, C) | | |
| Other (Indicate type) | | |

Other than English, what languages do you speak, read, or write fluently?

Have you been convicted of a misdemeanor or felony within the past ten (10) years that might unfavorably affect your fitness for this job?

☐ Yes ☐ No

How did you learn of this employment opportunity?

☐ Department of Personnel ☐ Job Fair ☐ State Agency (List office and location): _____

☐ Newspaper ☐ Friend or Neighbor ☐ Television ☐ Job Line Recorded Information ☐ Other _____

Part 3. EDUCATION

Review of education:

■ Are you a high school graduate or have you passed a general education development (GED) test?

☐ Yes ☐ No... If No, HIGHEST GRADE COMPLETED: _____

■ List post high school training, including college, business school, military training, and other relevant education.

If more space is needed, copy this blank form or attach additional sheets.

| School Name and Location | Month and Year Attended | Credits Earned | | | Major | Type of degree awarded | Year Degree Received |
|--------------------------|-------------------------|----------------|----------|-----------------|-------|------------------------|----------------------|
| | | Quarter | Semester | Other (Specify) | | | |
| 1. | From | | | | | | |
| | To | | | | | | |
| 2. | From | | | | | | |
| | To | | | | | | |
| 3. | From | | | | | | |
| | To | | | | | | |
| 4. | From | | | | | | |
| | To | | | | | | |
| 5. | From | | | | | | |
| | To | | | | | | |

Part 4. EMPLOYMENT HISTORY

Unless otherwise instructed in the recruitment announcement, a resume alone is not acceptable. This section must be completed. Start with your present or last position, then work backward. You may use this form for volunteer as well as paid experience. For volunteer experience, 174.3 hours equals one month's experience. If you need more space, copy the blank form on the next page or attach additional sheets.

| | | | | | |
|-----------------------------|--|---|--|---|-----------------------------|
| 1. Present or Last Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From _____ To _____ | | Total Months | Avg Hrs Per Wk |
| Immediate Supervisor's Name | | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised |

Specific Duties:

| | | | | | |
|------------------------------|--|---|--|---|-----------------------------|
| 2. Previous Firm or Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From _____ To _____ | | Total Months | Avg Hrs Per Wk |
| Immediate Supervisor's Name | | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised |

Specific Duties:

| | | | | | |
|------------------------------|--------------------|--|---|-----------------------------|---------------------------------|
| 3. Previous Firm or Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From To | | Total Months | Avg Hrs Per Wk Last Salary |
| Immediate Supervisor's Name | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised | |

Specific Duties:

| | | | | | |
|------------------------------|--------------------|--|---|-----------------------------|---------------------------------|
| 4. Previous Firm or Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From To | | Total Months | Avg Hrs Per Wk Last Salary |
| Immediate Supervisor's Name | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised | |

Specific Duties:

| | | | | | |
|------------------------------|--------------------|--|---|-----------------------------|---------------------------------|
| 5. Previous Firm or Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From To | | Total Months | Avg Hrs Per Wk Last Salary |
| Immediate Supervisor's Name | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised | |

Specific Duties:

Part 5. DATE AND SIGNATURE

**TO BE ACCEPTED,
YOU MUST SIGN
AND DATE THIS
APPLICATION**

All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.



Date (Month/Day/Year)

Signature

Part 6. GEOGRAPHIC CHOICE

Employment Locations

To assist you, a map of Washington State is shown with five geographic regions.

In the list below, counties and selected cities appear alphabetically. You will be considered for requested locations that you circle. If you are available for anywhere in a county, circle the number next to the county name. If available only to certain cities, circle the number next to the city name(s). If you select "Other Locations", you will be considered for positions throughout the county, but not in the cities listed here. If nothing is marked, you will only be considered for positions in your county of residence.

Changing Locations

If you want to change your designation of employment location, you may do so after you have been notified that your application has been accepted. Please call (206) 753-2305.

EXAMPLES:

01 ADAMS COUNTY

- 1 Othello
- 2 Ritzville
- 999 Other Locations

APPLICANT WILL WORK ANYWHERE IN ADAMS COUNTY

01 ADAMS COUNTY

- 1 Othello
- 2 Ritzville
- 999 Other Locations

APPLICANT WILL WORK ONLY IN OTHELLO AND DOESN'T WANT TO WORK IN ANY OTHER LOCATION.

WASHINGTON STATE GEOGRAPHIC REGIONS

NORTH/CENTRAL PUGET SOUND REGION

15 ISLAND COUNTY

- 1 Oak Harbor
- 999 Other Locations

17 KING COUNTY

- 1 Auburn
- 2 Bellevue
- 3 Bothell
- 4 Burien
- 5 Enumclaw
- 6 Federal Way
- 7 Issaquah
- 8 Kent
- 9 Kirkland
- 10 North Bend
- 11 Redmond
- 12 Renton
- 28 Tukwila

SEATTLE

- 13 Ballard
- 14 Beacon Hill
- 16 Central area
- 17 Downtown Business
- 18 Magnolia
- 19 North Seattle
- 20 Queen Anne
- 21 Rainier Valley
- 22 University District
- 23 West Seattle
- 24 White Center
- 25 Lake City
- 26 South Seattle
- 30 Belltown
- 31 Mercer Island

18 KITSAP COUNTY

- 1 Bremerton
- 2 Port Orchard
- 3 Manchester
- 4 Retsil
- 999 Other Locations

27 PIERCE COUNTY

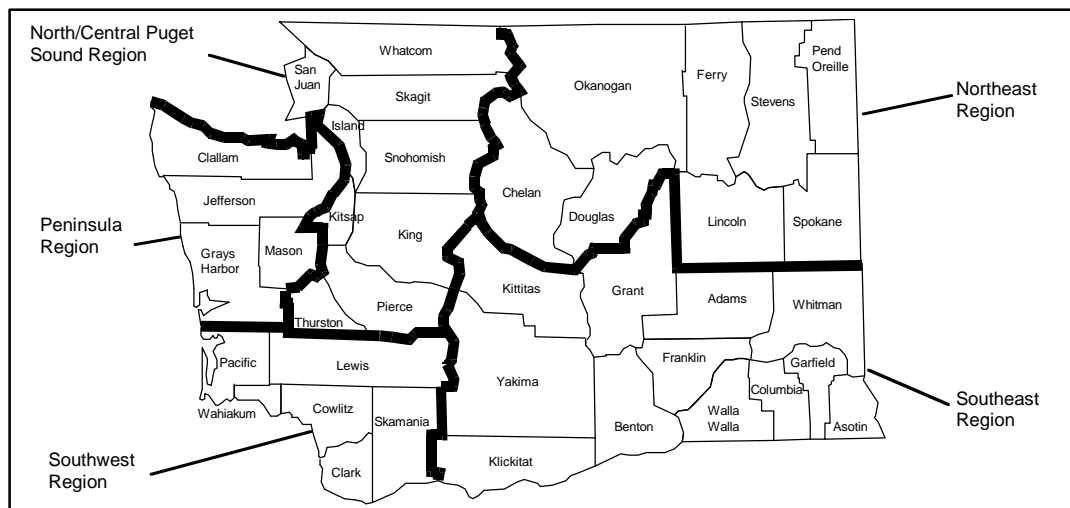
- 1 Buckley
- 2 Gig Harbor
- 3 Lakewood
- 4 Purdy
- 5 Puyallup
- 6 Steilacoom
- 7 Tacoma
- 8 McNeil Island
- 9 Orting

28 SAN JUAN COUNTY

- 1 Friday Harbor
- 999 Other Locations

29 SKAGIT COUNTY

- 1 Anacortes
- 2 Mount Vernon
- 3 Sedro Woolley
- 999 Other Locations



31 SNOHOMISH COUNTY

- 1 Arlington
- 2 Edmonds
- 3 Everett
- 4 Monroe
- 5 Mountlake Terrace
- 6 Lynnwood
- 7 Smokey Point

34 THURSTON COUNTY

- 1 Olympia
- 2 Tumwater
- 3 Cedar Creek
- 4 Lacey
- 999 Other Locations

37 WHATCOM COUNTY

- 1 Bellingham
- 999 Other Locations

PENINSULA REGION

05 CLALLAM COUNTY

- 1 Forks
- 2 Port Angeles
- 3 Clallam Bay
- 999 Other Locations

14 GRAYS HARBOR CO.

- 1 Aberdeen
- 2 Hoquiam
- 3 Montesano
- 999 Other Locations

16 JEFFERSON COUNTY

- 1 Port Townsend
- 2 Brinnon
- 999 Other Locations.

23 MASON COUNTY

- 1 Shelton
- 2 Belfair
- 999 Other Locations

SOUTHWEST REGION

06 CLARK COUNTY

- 1 Vancouver
- 2 Larch Mountain
- 3 Yacolt
- 4 Ridgefield
- 999 Other Locations

08 COWLITZ COUNTY

- 1 Castle Rock
- 2 Kelso
- 3 Longview
- 4 Kalama
- 999 Other Locations

21 LEWIS COUNTY

- 1 Centralia
- 2 Chehalis
- 999 Other Locations

25 PACIFIC COUNTY

- 1 Naselle
- 2 Raymond
- 999 Other Locations

30 SKAMANIA COUNTY

35 WAHIAKUM COUNTY

NORTHEAST REGION

04 CHELAN COUNTY

- 1 Chelan
- 2 Leavenworth
- 3 Wenatchee
- 999 Other Locations

09 DOUGLAS COUNTY

- 10 FERRY COUNTY
- 22 LINCOLN COUNTY
- 24 OKANOGAN COUNTY
- 1 Okanogan
- 2 Omak
- 999 Other Locations

26 PEND OREILLE COUNTY

- 32 SPOKANE
- 1 Cheney
- 2 Medical Lake
- 3 Spokane
- 4 Airway Heights
- 999 Other Locations

33 STEVENS COUNTY

- 1 Colville
- 999 Other Locations

SOUTHEAST REGION

01 ADAMS COUNTY

- 1 Othello
- 2 Ritzville
- 999 Other Locations.

02 ASOTIN COUNTY

- 1 Clarkston
- 999 Other Locations

03 BENTON COUNTY

- 1 Kennewick
- 2 Prosser
- 3 Richland
- 999 Other Locations

07 COLUMBIA COUNTY

- 11 FRANKLIN COUNTY
- 1 Pasco
- 2 Connell
- 999 Other Locations

12 GARFIELD COUNTY

- 13 GRANT COUNTY
- 1 Ephrata
- 2 Moses Lake
- 999 Other Locations

19 KITTITAS COUNTY

- 1 Ellensburg
- 2 Cle Elum
- 999 Other Locations

20 KLIKITAT COUNTY

- 1 Goldendale
- 2 White Salmon
- 999 Other Locations

36 WALLA WALLA COUNTY

- 1 College Place
- 2 Walla Walla
- 999 Other Locations

38 WHITMAN COUNTY

- 1 Colfax
- 2 Pullman
- 999 Other Locations

39 YAKIMA COUNTY

- 1 Selah
- 2 Sunnyside
- 3 Toppenish
- 4 Union Gap
- 5 Yakima
- 99 Other

Part 7. AFFIRMATIVE ACTION INFORMATION

Completing this form will enable Washington State to assess the many talents and skills that are available throughout the workforce. To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below.

This information will be treated as confidential, and will be available only to authorized personnel. Please review the Affirmative Action Definitions at the bottom of the page.

| | | | |
|------------------------------------|---------------------------------|---------------|------------------------|
| Name (Last, First, Middle Initial) | Recruitment Announcement Number | Date of Birth | Social Security Number |
|------------------------------------|---------------------------------|---------------|------------------------|

1. What race or culture do you consider yourself?

- ☐ Black / African-American (870)
☐ Caucasian / White (800)

Asian or Pacific Islander (API) (if API, please check one box below):

- | | |
|---|---|
| <input type="checkbox"/> Chinese (605) | <input type="checkbox"/> Vietnamese (619) |
| <input type="checkbox"/> Filipino (608) | <input type="checkbox"/> Asian Indian (600) |
| <input type="checkbox"/> Hawaiian (653) | <input type="checkbox"/> Japanese (611) |
| <input type="checkbox"/> Korean (612) | <input type="checkbox"/> Cambodian (604) |
| <input type="checkbox"/> Samoan (655) | <input type="checkbox"/> Laotian (613) |
| | <input type="checkbox"/> Guamanian (660) |

☐ Other API [Please identify below]

☐ American Indian (597) [Please identify name of the enrolled or principal tribe below]

- ☐ Eskimo (935)
☐ Aleut (941)
☐ Mexican, Mexican-American (722)
☐ Puerto Rican (727)
☐ Chicano (705)
☐ Cuban (709)

☐ Other Spanish [Print one group below, such as Colombian, Dominican, Nicaraguan, Spaniard, etc.]:

☐ Other Race [Please indicate race or culture below]

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes.

☐ Multi-Racial _____

2. Are you ☐ Male ☐ Female

3. Have you ever been on active duty in the U.S. Armed Forces?

☐ Yes ☐ No Dates: _____

☐ Vietnam-era Veteran ☐ Disabled Veteran

[Percent of disability: _____ %]

4. Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning?

☐ Yes ☐ No

Please see the definition for "disabilities" below.

I certify that this information is true and accurate to the best of my knowledge

Date

Your Signature

Affirmative Action Definitions

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian or Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.

Part 8. VETERAN'S INFORMATION

Employment preference is given to veterans who meet state and federal qualifications. Attach a copy of your discharge or DD214.

For Competitive Employment

If eligible, ten (10) percentage points will be added to your passing score if you are not receiving veteran's retirement pay. If you are receiving retirement pay, five (5) percentage points will be added.

1. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? ☐ Yes ☐ No

■ List campaign, expeditionary, or service medals received: _____

2. Did you serve in active duty prior to May 8, 1975?

☐ Yes ☐ No

3. Were you discharged within the last fifteen years?

☐ Yes ☐ No

■ If yes, type of discharge: _____

4. Are you receiving a monthly retirement benefit?

☐ Yes ☐ No

5. Are you a Vietnam-era veteran? ☐ Yes ☐ No

6. Do you have a service-connected disability?

☐ Yes ☐ No

■ If yes, list percent of disability: _____

For Non-Competitive Employment

Although points are not added under this category, employment preference is given to qualified veterans, surviving spouses of deceased veterans, or spouses of a permanently disabled veteran.

To ensure that you receive veteran's credit, please respond to the questions below.

7. Are you presently the spouse of a disabled veteran?

☐ Yes ☐ No

■ If yes, list percent of spouse's disability: _____

8. Are you presently the surviving spouse of a deceased veteran who died from service-related activities?

☐ Yes ☐ No

■ List campaign, expeditionary, or service medals spouse received: _____

9. ■ If you are a surviving spouse, have you remarried?

☐ Yes ☐ No

10. ■ Please give dates of your (or your spouse's) active military service:

| Date Entered | Branch | Date Separated |
|--------------|--------|----------------|
| | | |
| | | |

Note: To qualify and receive veteran's preference, you must attach a copy of the discharge or DD214 with your employment application.

Part 9. TEST ANSWERS

■ This is an answer section that is used for some recruitment announcements. Use it only if instructed to do so on the announcement.

- | | | | |
|----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ___ 1. (a) (b) (c) (d) (e) | ___ 7. (a) (b) (c) (d) (e) | ___ 13. (a) (b) (c) (d) (e) | ___ 19. (a) (b) (c) (d) (e) |
| ___ 2. (a) (b) (c) (d) (e) | ___ 8. (a) (b) (c) (d) (e) | ___ 14. (a) (b) (c) (d) (e) | ___ 20. (a) (b) (c) (d) (e) |
| ___ 3. (a) (b) (c) (d) (e) | ___ 9. (a) (b) (c) (d) (e) | ___ 15. (a) (b) (c) (d) (e) | ___ 21. (a) (b) (c) (d) (e) |
| ___ 4. (a) (b) (c) (d) (e) | ___ 10. (a) (b) (c) (d) (e) | ___ 16. (a) (b) (c) (d) (e) | ___ 22. (a) (b) (c) (d) (e) |
| ___ 5. (a) (b) (c) (d) (e) | ___ 11. (a) (b) (c) (d) (e) | ___ 17. (a) (b) (c) (d) (e) | ___ 23. (a) (b) (c) (d) (e) |
| ___ 6. (a) (b) (c) (d) (e) | ___ 12. (a) (b) (c) (d) (e) | ___ 18. (a) (b) (c) (d) (e) | ___ 24. (a) (b) (c) (d) (e) |

FOR AGENCY USE

CONVERTED SCORE

RAW SCORE

Thank you for submitting this employment application . . .

To ensure that your application is processed quickly, please review it to be certain that you have answered all questions. You might also take a moment to review all documents that you wish to include. If required, have you included copies of official documents, such as military discharges? Please make sure you sign and provide date. A final review now will enable Personnel staff to complete their evaluation and send you the results.

| | | | | | |
|------------------------------|--------------------|--|---|-----------------------------|---------------------------------|
| 6. Previous Firm or Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From To | | Total Months | Avg Hrs Per Wk Last Salary |
| Immediate Supervisor's Name | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised | |

Specific Duties:

| | | | | | |
|------------------------------|--------------------|--|---|-----------------------------|---------------------------------|
| 7. Previous Firm or Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From To | | Total Months | Avg Hrs Per Wk Last Salary |
| Immediate Supervisor's Name | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised | |

Specific Duties:

| | | | | | |
|------------------------------|--------------------|--|---|-----------------------------|---------------------------------|
| 8. Previous Firm or Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From To | | Total Months | Avg Hrs Per Wk Last Salary |
| Immediate Supervisor's Name | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised | |

Specific Duties:

| | | | | | |
|------------------------------|--------------------|--|---|-----------------------------|---------------------------------|
| 9. Previous Firm or Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From To | | Total Months | Avg Hrs Per Wk Last Salary |
| Immediate Supervisor's Name | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised | |

Specific Duties:

| | | | | | |
|-------------------------------|--------------------|--|---|-----------------------------|---------------------------------|
| 10. Previous Firm or Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From To | | Total Months | Avg Hrs Per Wk Last Salary |
| Immediate Supervisor's Name | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised | |
| Specific Duties: | | | | | |

| | | | | | |
|-------------------------------|--------------------|--|---|-----------------------------|---------------------------------|
| 11. Previous Firm or Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From To | | Total Months | Avg Hrs Per Wk Last Salary |
| Immediate Supervisor's Name | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised | |
| Specific Duties: | | | | | |

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|-------------------------------|--------------------|--|---|-----------------------------|---------------------------------|
| 12. Previous Firm or Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From To | | Total Months | Avg Hrs Per Wk Last Salary |
| Immediate Supervisor's Name | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised | |
| Specific Duties: | | | | | |

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|-------------------------------|--------------------|--|---|-----------------------------|---------------------------------|
| 13. Previous Firm or Employer | | Employer's Address | | Employer's Phone Number | |
| Your Title | | Months & Years Employed in this Position From To | | Total Months | Avg Hrs Per Wk Last Salary |
| Immediate Supervisor's Name | Reason for Leaving | | Volunteer (<input checked="" type="checkbox"/>) <input type="checkbox"/> | No. of Employees Supervised | |
| Specific Duties: | | | | | |